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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 20-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 East 12th Street, Suite 355

Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

June 5, 2020

Caprice Knapp, Medicaid Director
Division of Medical Services
North Dakota Department of Human Services
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250

Dear Ms. Knapp:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 20-0008. This amendment clarifies the enrollment of licensed registered dietitians to provide medical nutrition therapy.

Please be informed that this State Plan Amendment was approved June 3, 2020, with an effective date of April 1, 2020. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

6/5/2020





James G. Scott, Director
Division of Program Operations

Signed by: James G. Scott -S

Enclosure

cc: Krista Fremming, North Dakota
Stacey Koehly, North Dakota

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 20-0008	2. STATE North Dakota
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130		7. FEDERAL BUDGET IMPACT: a. FFY <u>2020</u> <u>\$0</u> b. FFY <u>2021</u> <u>\$0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment to Page 3 of Attachment 3.1-A Attachment to Page 3 of Attachment 3.1-B Attachment to Page 6 of Attachment 3.1-A, Pages 1 and 2 Attachment to Page 5 of Attachment 3.1-B, Pages 1 and 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment to Page 3 of Attachment 3.1-A (TN 18-0022) Attachment to Page 3 of Attachment 3.1-B (TN 18-0022) Attachment to Page 6 of Attachment 3.1-A, Page 1 (TN 12-019) Attachment to Page 6 of Attachment 3.1-A, Page 2 (TN 18-0008) Attachment to Page 5 of Attachment 3.1-B, Page 1 (TN 12-019) Attachment to Page 5 of Attachment 3.1-B, Page 2 (TN 18-0008)	
10. SUBJECT OF AMENDMENT: Amends the State Plan to clarify the enrollment of licensed registered dietitians to provide medical nutrition therapy.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Caprice Knapp, Director</u> <u>Medical Services Division</u>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Caprice Knapp, Director Medical Services Division ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: Caprice Knapp			
14. TITLE: Director, Medical Services Division			
15. DATE SUBMITTED: Original Date: April 9, 2020 Resubmission Date: May 21, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: April 9, 2020		18. DATE APPROVED: June 3, 2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL:  Digitally signed by James G. Scott -S Date: 2020.06.05.12:08:04 -05'00'	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	

23. REMARKS:

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

6.d. (Continued)

Medication Therapy Management (MTM) Services Performed by a Licensed Pharmacist

MTM services are a voluntary benefit provided by a licensed pharmacist to a recipient to optimize the therapeutic outcomes of the recipient's medications and prevent medication-related problems.

Pharmacists must have completed continuing education credits approved by the American Council of Pharmaceutical Education as follows: two hours on the delivery of MTM including MTM documentation, two hours on medication adherence, and four hours on the medical condition treated by the medications for which they will be providing MTM services.

MTM services may be provided via tele-pharmacy. Tele-pharmacy services are subject to the same requirements as services that are provided to a recipient in person.

Coverage is limited to one initial encounter and up to five subsequent encounters per recipient per 365-day period. When the treatment duration of a medication is less than six months, coverage is limited to one encounter per month of treatment.

Nursing Services provided in a School to Children with Complex Medical Needs and provided by a Registered Nurse

Effective June 1, 2018, the North Dakota Medicaid program will enroll Registered Nurses to provide nursing services to Medicaid-eligible children (under the age of 21) who have complex medical needs and an approved Individualized Education Program that documents medical necessity for nursing services that support the child's needs to access free appropriate public education. The Registered Nurses must be either employed by or under contract through a school and the school shall bill North Dakota Medicaid for the nursing services rendered by the Registered Nurses.

Services Provided by Licensed Addiction Counselors

Licensed addiction counselor includes licensed clinical addiction counselors, licensed master addiction counselors and practitioners possessing a similar license in a border state and operating within their scope of practice in that state. Licensed addiction counselors may enroll to furnish non-ASAM services within their scope of practice according to State Law.

Medical Nutrition Therapy Services provided by Licensed Registered Dietitians

Medical nutrition therapy services are an evidence-based medical approach to treating certain chronic conditions through the use of an individually-tailored nutrition plan.

Coverage is limited to four hours per calendar year. Additional services may be authorized if determined to be medically necessary.

State: North Dakota

Attachment to Page 6 of
Attachment 3.1-A
Page 1

13.c Preventive Services

VACATED

TN: 20-0008

Supersedes

TN: 12-019

Approval Date: 6/3/2020

Effective Date: 04-01-2020

State: North Dakota

Attachment to Page 6
of Attachment 3.1-A
Page 2

13c. Preventive Services (continued)

VACATED

TN No. 20-0008
Supersedes
TN No. 18-0008

Approval Date 6/3/2020

Effective Date 04-01-2020

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

6.d. (Continued)

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State: North Dakota

Attachment to Page 5 of
Attachment 3.1-B
Page 1

13.c Preventive Services

VACATED

TN: 20-0008

Supersedes

TN: 12-019

Approval Date: 6/3/2020

Effective Date: 04-01-2020

State: North Dakota

Attachment to Page 5
of Attachment 3.1-B
Page 2

13c. Preventive Services (continued)

VACATED

TN No. 20-0008
Supersedes
TN No. 18-0008

Approval Date 6/3/2020

Effective Date 04-01-2020